

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 17 1934

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County St. LouisTownship CentralCity St. Louis (No. 21)Registration District No. 790Primary Registration District No. 6033AFile No. 26355Registered No. 221

Ward

## 2. FULL NAME

(a) Residence, No. 6615W Flourissant Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 1 mos. 25 ds.How long in U. S., if of foreign birth? 4 yrs. 1 mos. 25 ds.

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Mathilda T. Shelby Hoffmann

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

11-14-1854

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

79717

## OCCUPATION

## 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Horse Inspection

## 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

National Stock Yards

## 10. Date deceased last worked at this occupation (month and year)

## 11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

## 13. NAME

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

## 15. MAIDEN NAME

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

## 17. INFORMANT (ADDRESS)

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

## 19. UNDERTAKER (ADDRESS)

## 20. FILED

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 11, 1934

## 22. I HEREBY CERTIFY That I attended deceased from

7-10, 1934, to 7-11, 1934I last saw him alive on 7-11, 1934 Death is saidto have occurred on the date stated above, at 3:30 m. P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocardial insufficiency (Congestive)

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

## 23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) H. G. Zerkovich M. D.(Address) St. Louis CD HospitalPlayfair, Mo.

Registrar

